## Foria 990

#### Department of the Treasury Internal Revenue Service

#### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

	Fo	or the 2	2009 calend	dar year,	or tax year beginning	J		2009, and ending	1			
В	Ch	erck if ap	plicable		С					D Employe	er Identific	ation Number
	Г	Addres	ss change	Please use IRS label	NORTHTOWN HOU	JSING D	EVELOPMENT	CORP.		33-0	55556	53
	-	⊣	change	or print or type	8599 HAVEN AV				ı	E Telepho	ne number	
	-	٦.	•	See	RANCHO CUCAMO					909	980-0	1465
	⊢	Initial		specific Instruc-						303	200	3403
	-	Termir		tions						_		0 000 255
	L	Amend	ded return		<u> </u>					G Gross re		2,829,355.
	L	Applic	ation pending	1	and address of principal office	er REB	ECA DENNIS			a group return		<b>#</b> # # # # # # # # # # # # # # # # # #
					AS C ABOVE					affiliates incli attach a list		octions) Yes No
1		Tax-ex	empt statu	ıs  X  501	(c) (3 ) <b>√</b> (ins	ert no )	4947(a)(1)	or 527				,
J		Websi	te: ► NC	RTHTO	NHOUSING.COM				H(c) Group	exemption nu	mber ►	
ĸ		Form of	organization	X Corpor	ation Trust Ass	sociation	Other ►	L Year of Formati	on 199	3 M s	tate of leg	al domicile CA
P	än		Summ									
(30.00	T				ganization's mission	or most sig	nificant activities	TO PROVI	DE OUA	LITY A	FFORD	ABLE HOUSING
41		m.			THE NORTHTOWN							
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Š	1	2 Ch	eck this ho	x ▶	ıf the organization di	scontinuer	t its operations of	r disposed of mo	re than 2	5% of its	assets.	- <b>-</b>
ŏ		3 Nu			bers of the governing						3	•
•ජ න		4 Nu			nt voting members of			/I, line 1b)			4	
ë:		<b>5</b> To	tal number	r of emplo	yees (Part V, line 2a	)					5	{
<u>&gt;</u>		<b>6</b> To	ital number	r of volun	teers (estimate if nec	essary)					6	1.
_ <u>_</u> ~~		7a To	tal gross u	inrelated	business revenue froi	m Part VIII	, column (C), line	e 12			7a	0
2010 Activities & Governance	1_	b Ne	et unrelated	d busines	s taxable income from	n Form 99	0-T, line 34				7b	0
12	Т									rior Year		Current Year
ଚ୍ଚ		8 Cc	ontributions	and grai	nts (Part VIII, line 1h)	1			<del>                                     </del>	21,7	00.	1,500
EC 2		9 Program service revenue (Part VIII, line 2g)								886,8		1,112,745
DEC	ļ ļ .	10 Investment income (Part VIII, column (A), Ignes 3, 4, and 7d)								103,4		-300,428
黑器		11 01	her reveni	ie (Part V	'III, column (A), lines							
					ines 8 through 11 (m				<u> </u>	1,011,9	23.	813,817
<u>Q</u> -	-				ounts paid (Part IX,	× 1		181	<del>                                     </del>	15,5		16,300
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SCANNED	- 1				nsation, employee be				<b></b>	519,044.		438,081
₹ :	3	15 Sa	alaries, ou	er compe	insation, employee of	TIEITS (Fa	t ix, column (x)	E 1-10)	<del> </del>	313,0	/33.	430,001
	2	I6a Pi	rotessional	tungraisi	ng fees (Part IX, colu		BOEN. U	T	a Kana and		E338288 53	Production were the State
₩2) }	8	<b>b</b> To	otal fundra	sing expe	enses (Part IX, colum	ሶ <del> (D), line</del>	25) ▶					
u	١,	17 O	ther expen	ses (Part	IX, column (A), lines	11a·11d,	11f-24f)		L	1,333,2	278.	2,520,793
	- [	18 To	otal expens	ses Add I	ines 13-17 (must equ	al Part IX,	column (A), line	25)		1,867,8	322.	2,975,174
	-1	19 R	evenue les	s expense	es. Subtract line 18 fr	om line 12	2 ,			-855,8	399.	-2,161,357
	8								Begi	inning of \	(ear	End of Year
ŧ	Ĕ	<b>20</b> To	otal assets	(Part X	ine 16)					7,740,2		7,596,229
į	w I		otal liabiliti	•	•					8,693,		372,864
	51			•	,	01 (	- 00	•				7,223,365
	_1.	22 N			lances. Subtract line	21 from III	ne 20		<u></u>	9,046,	362.	1,223,363
9.5	(d)			ture Blo								
			Under penalt true, correct,	ies of perjudy and complete	, I declare that I have examine Declaration of preparer (c	ned this return other than offic	n, including accompany er) is based on all info	ying schedules and sta ormation of which prepa	tements, an arer has an	nd to the best y knowledge	of my kno	wledge and belief, it is
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5	iigi ler	n	6	Juc							10 1	
Г	ier	е		e of officer						Date		
				QA DEN				<del></del>	EXEC	UTIVE	DIREC	TOR
_			Type or	rint name a	nd title							
			/	•		(Y)	$\Omega$ (	Date		Check if		eparer's idenlifying number e instructions)
	aic		Preparer's			(1)	- V( \	11-10		self- employed	- X	
	re		signature	► CHI	ERI L. BOGGELI	v UK	un Ktoll	× 11-12-	10		N,	/A
		er's	Firm's name		GELN & COMPAN		1					
	Jse Oni		yours if self employed),		5 1/2 MAIN STE		4	· · · · · · · · · · · · · · · · · · ·		EIN ► ]	A\N	
•	/11l	У	address, and ZIP + 4		NTINGTON BEACH		2648-5127			Phone no	4	374-7434
	lav	the IR	<del></del> -		with the preparer sh	<del></del>		ns)			<u>, :</u>	X Yes No
_	_				nwork Reduction Ac				<del></del>	TEFA011	12/29/	

	990 (2009) NORTHTOWN HOUSING DEVELOPMENT CORP. 33-0555503 Page 2
Par	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission.
	TO PROVIDE QUALITY AFFORDABLE HOUSING TO REVITALIZE THE NORTHTOWN COMMUNITY AND TO
	PROMOTE ECONOMIC DEVELOPMENT.
	Did the organization undertake any significant program services during the year which were not listed on the prior
۲.	
	Form 990 or 990-EZ? Yes X No
	If 'Yes,' describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
_	If 'Yes,' describe these changes on Schedule O
_	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total
	expenses, and revenue, if any, for each program service reported
	expenses, and revenue, if any, for each program service reported
_	0 1 2 7 C 0 C 0 1 1 1 2 7 C 0 C 0 1 1 1 2 7 C 0 C 0 1 1 1 2 7 C 0 C 0 C 0 C 0 C 0 C 0 C 0 C 0 C 0 C
4 8	(Code:) (Expenses \$ 2,756,062. including grants of \$) (Revenue \$ 1,112,745.)
	SUPPORT EXPENSE DIRECTLY RELATED TO THE DEVELOPMENT AND SALE OF RESIDENTIAL PROPERTY
	TO QUALIFYING INDIVIDUALS. ALSO INCLUDED ARE CONTINUED OPERATING COSTS INCURRED ON
	THE COMMUNITY SERVICE CENTER WHICH OPENED IN OCTOBER 2001. THESE PROJECTS INCLUDE
	EXPENSES FOR CONSULTANT FEES, LEGAL FEES, EXECUTIVE DIRECTOR'S SALARY AND OTHER
	EMPLOYMENT COSTS RELATED THERETO, OFFICE EXPENSES, TELEPHONE EXPENSES, UTILITIES
	EXPENSES, INSURANCE, INVESTMENT FEES, AND VARIOUS OTHER MISCELLANEOUS EXPENSES.
	52 070
4	(Code (Code (Expenses \$ 53,272. including grants of \$ 800.) (Revenue \$ )
	YOUTH ACTIVITIES IN THE COMMUNITY OF NORTHTOWN, INCLUDING A CINCO DE MAYO
	CELEBRATION, SUMMER DAY CAMP WITH FIELD TRIPS FOR THE YOUTH OF THE COMMUNITY OF
	NORTHTOWN, AS WELL AS A HALLOWEEN CARNIVAL, AFTER SCHOOL TUTORING, AFTER SCHOOL
	ACTIVITIES, THE SPECIAL OLYMPICS, RANCHO CUCAMONGA SOCCER, GED COMPLETION, COMPUTER
	LITERACY CLASSES, ENGLISH AS A SECOND LANGUAGE CLASSES, FREE GOVERNMENT FOOD
	COMMODITIES PROGRAM, IMMUNIZATION CLINIC, HEALTHY COOKING CLASSES, A CHRISTMAS TOY
	GIVE-AWAY, AND A THANKSGIVING HOMELESS FEEDING CONDUCTED IN AND FOR THE BENEFIT OF
	THE SOCIAL WELFARE OF THE NORTHTOWN COMMUNITY.
	<u></u>
_	(Onder 15 500 and description 6
4	c (Code) (Expenses \$15,500. including grants of \$) (Revenue \$)
	COLLEGE SCHOLARSHIPS GRANTED TO SEVEN QUALIFYING GRADUATING HIGH SCHOOL STUDENTS
	AWARDED DURING THE 2002/2003 THROUGH 2005/2006 SCHOOL YEARS.
4	d Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$)
	e Total program service expenses ► 2,824,834.
	a return program, service expenses a supposition and suppositi

Form 990 (2009) NORTHTOWN HOUSING DEVELOPMENT CORP.

Part IV | Checklist of Required Schedules

		i	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		<u>x</u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		<u>x</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III .	8		_X_
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	X	1 2.4.1
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
•	<ul> <li>Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII</li> </ul>			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
	<ul> <li>Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If'Yes,' complete Schedule D, Part X</li> </ul>			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Make S.	X
12,	•			
12	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	37.7	X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	L	<u> </u>

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NORTHTOWN HOUSING DEVELOPMENT CORP. 33-0555563 Page 4 Part Vas Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 Schedule J Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25 24a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a Χ b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25b Х Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III . 27 Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) 28a Х a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b Х Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV X 28c Χ Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M . 30 30 Х X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N. Part II. 32 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, X 34 line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.

X Note. All Form 990 filers are required to complete Schedule O BAA Form 990 (2009)

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI

Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 1 a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of US 22 Information Returns. Enter -0- if not applicable 1 a 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 10 Х (gambling) winnings to prize winners? 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the 8 calendar year ending with or within the year covered by this return 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2b Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 32 Х this return? 3b b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4 a **b** If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. 5a Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х 5b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х solicit any contributions that were not tax deductible? 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6b deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services Х 7 a provided to the payor? b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c Form 8282? d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7 e benefit contract? Х 7 f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? **7** g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business 8 holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 9a a Did the organization make any taxable distributions under section 4966? b Did the organization make any distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter-10 a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b 11 Section 501(c)(12) organizations. Enter 11 a 36 a Gross income from other members or shareholders , Y. b Gross income from other sources (Do not net amounts due or paid to other sources against 11 b amounts due or received from them.) . 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a 12b

Form 990 (2009)

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

BAA

Form 990 (2009) NORTHTOWN HOUSING DEVELOPMENT CORP. Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. **Governing Body and Management** Section A. Yes No 1a Enter the number of voting members of the governing body 1 a 1 b **b** Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its organizational documents SEE SCH O since the prior Form 990 was filed? 5 Did the organization become aware during the year of a material diversion of the organization's assets? SEE SCH O 5 Х 6 X 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the 7 a governing body? 7h b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. 8a a The governing body? 8b Х **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Х Section B. **Policies** (This Section B requests information about policies not required by the Internal Revenue Code ) Yes No 10 a Х 10a Does the organization have local chapters, branches, or affiliates? b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with those of the organization?. 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 ADescribe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O Х 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise Х 12b to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c Schedule O how this is done. SEE SCHÉDULE O 13 13 Does the organization have a written whistleblower policy? 14 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х 15 a a The organization's CEO, Executive Director, or top management official 15b Х SEE SCHEDULE O **b** Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable 16a Х entity during the year? b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt X 16b status with respect to such arrangements? Section C. Disclosures 17 List the states with which a copy of this Form 990 is required to be filed **CA** 

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply

Own website Another's website X Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

► REBECA DENNIS 8599 HAVEN AV #205 RANCHO CUCAMONGA CA 91730 909 980-0465

# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of 'key employees.'

Check this box if the organization did not compensate any current officer, director, or trustee

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)			- (	c)			(D)	(E)	(F)
	Average	Posi	tion (	•	•	hat appl	lv)			
Name and Title	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099 MISC)	Estimated amount of other compensation from the organization and related organizations
ANTONIO I. GRACIA					<del> </del>		$\vdash$			
CAO	40	X I		Х	Ì	1		56,539.	0.	0.
SANTOS FUERTEZ										
CFO	4	X		Х				0.	0.	0.
LUIS GONZALES										
PRESIDENT	4	X	<u> </u>	X	L		_	0.	0.	0.
CAROL NORRIS	1									
DIRECTOR	4	Х	ļ	<u> </u>	_			0.	0.	0.
BALTAZAR HALLBERG	┨ .	l		١						
SECRETARY	4	X	<u> </u>	X		<u> </u>	-	0.	0.	0.
JULIAN RINCON	۱,	١,,		١,,			}		,	_
VICE PRESIDENT RAMON RODRIGUEZ	4	<u>X</u>		Х	┢╌		├	0.	0.	0.
DIRECTOR	4	Х	}		ļ		ļ	0.	0.	0.
PAUL J. HERNANDEZ	1	<del>  ^</del>	-		├─		<del>                                     </del>	<del></del>	<u> </u>	<del></del>
FMR. EXEC. DIR.	14.4			х	l			37,800.	0.	10,686.
THE BRIDGE STATE	1	<del>                                     </del>	1	<u> </u>	<u> </u>			3.7000.		20,000.
	1	Ì	l			l	l			
								\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
		<u> </u>								
	-	}					]			
		<b>†</b>	<u> </u>							
	<b>↓</b> —	<b>├</b>	├-	<u> </u>	┡	<b></b> -	┝		<u> </u>	
	-	]								
	<del>-</del>		╁	$\vdash$	╁	1	$\vdash$			
	1	Ì								ļ
			Г	l -	Γ	ľ				
	]	<u></u>								
	<u> </u>	<u> </u>	1_		igspace	<u> </u>	<u> </u>			

Part VII   Section A. Officers, Directors, Trust (A)	(B)			((				(D) (E)		(F)
Name and Title	Average hours per week			check Officer		Highest compensated		Reportable compensation from the organization (W 2/1099-MISC)	Reportable compensation from related organization: (W-2/1099-MISC)	Estimated amount of other scompensation from the organization and related organizations
						ä				-
	ļ			ļ						
								<del>-</del>		
				-	-				1	
					<del> -</del> -	<u> </u>				
	·	-	ļ	-	-	_	<del> </del>		<u> </u>	
			<u></u>	<u></u>	<u> </u>					
Total number of individuals (including but not limite	مطا ما ام		.cto		0.10	\ .a.b	<u> </u>	94,339.	<u> </u>	0. 10,686
from the organization	ea to the	ose i	istet	u au	ove,	) WI	10 16	cerved more than		ortable compensatio
<ul> <li>3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such</li> <li>4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater individual</li> </ul>	<i>individu.</i> enortabl	<i>al</i> e co	mne	ensa	ition	and	d oth	er compensation	from	Yes No
5 Did any person listed on line 1a receive or accrue rendered to the organization? If 'Yes,' complete So	compen chedule	satio <i>J foi</i>	on fr suc	om ch p	any e <i>rsc</i>	unr on	elate	ed organization fo	r services	5 X
Section B. Independent Contractors  1 Complete this table for your five highest compensations.							c the	at received more	than \$100 000 of	
compensation from the organization	iteu iiide		uell		ма		. III	A received more		
(A) Name and business addre								Description	of Services	(C) Compensation
DAVID PAUL ROSEN & ASSOC 1330 BROADWAY, # 93								DEVELOPMT CO		1,221,518
DAN GUERRA & ASSOC 10271-B TRADEMARK ST RANG PITASSI ARCHITECTS 8439 WHITE OAK #105 RANG								ARCHITECTS	ER	165,687 469,674
										- 1 m
2 Total number of independent contractors (including \$100,000 in compensation from the organization.		t lim	iited	ı to t	nos	e IIs	ted	apove) who recei	ved more than	198

Pan	· VI	II) Statement of Re	Venue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, g similar amounts not included	rants, and	1,500.				
AND OT	_	Noncash contribns included in Total. Add lines 1a-1f	<del></del>		1,500.	,		
	2 a	SALE -LOW INCOME H		Business Code 531390	470,000.	470,000.		4
PROGRAM SERVICE REVENUE	c	DEVELOPER FEE INCO RECOVERY OF NOTES I INSURANCE REFUND		531390 531390 531390	240,000. 167,729. 96,166.	240,000. 167,729. 96,166.		
OGRAM S	e f	e PARTNERSHIP MGMT FEE 531390  f All other program service revenue			87,428. 51,422.	87,428. 51,422.		
- R	_	Total. Add lines 2a-2f Investment income (incother similar amounts)	luding dividend	s, interest and	1,112,745. 32,833.			32,833.
	4 5	Income from investment Royalties	t of tax-exemp	<u> </u>	327033.			
	t	a Gross Rents  Less: rental expenses  Rental income or (loss)  Net rental income or (lo	(i) Real	(II) Personal		W E		, "
	7 a	a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses	(i) Securities 1,682,277 2,015,538					
		c Gain or (loss) d Net gain or (loss)	-333,261		-333,261.	-333,261.		ا مالید این است. مسالمان ا
OTHER REVENUE		a Gross income from fund (not including \$	ed on line 1c)	a				
	9:	a Gross income from gar See Part IV, line 19 b Less: direct expenses	_	a b		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		c Net income or (loss) from a Gross sales of inventor and allowances						·
	ı	b Less: cost of goods sol  C Net income or (loss) fr	om sales of inv	entory Business Code				A A
	11	a b c			PARK LOSS II	2		1. 2. 2. 2
	1	<ul><li>d All other revenue</li><li>e Total. Add lines 11a-1</li><li>Total revenue. See ins</li></ul>			813,817.	779,484.	0.	32,833.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	' Section 501(c)(3 All other organizations must com	) and 501(c)(4) organiza plete column (A) but are	-		i (D).
Do 1	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV,	800.	900		
2	line 21 Grants and other assistance to individuals in		800.	-	1
3	the U.S. See Part IV, line 22  Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.	15,500.	15,500.		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	94,339.	94,339.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	237,853.	237,853.		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	13,517.	13,517.		
9	Other employee benefits	57,773. 34,599.	57,773. 34,599.		
10	Payroll taxes	34,399.	34, 399.		
	Fees for services (non-employees)				
	a Management b Legal	19,434.	19,434.		
	c Accounting	53,090.	15/151.	53,090.	
	d Lobbying	33,030.			<del></del>
	e Prof fundraising svcs See Part IV, In 17		٧.		
	Investment management fees	6,735.	6,735.		
	g Other	1,207,992.	1,180,782.	27,210.	,
	Advertising and promotion	1,557.	1,187.	370.	
13	Office expenses	49,443.	21,949.	27,494.	
14	Information technology				
15	Royalties	_			
16	Occupancy	57,700.	57,700.		
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	43,543.	32,728.	10,815.	
20					
21	- 3	25 - 500		D 465	
22	• • • •	87,590.	80,125.	7,465.	
23		34,223.	22,323.	11,900.	ν
24	Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
	a COST OF PROPERTY SOLD	686,545.	686,545.		
	b RESERVE FOR NOTES RECEIVABLE	125,857.	125,857.		
	c COMMUNITY CENTER	111,407.	111,407.		
	d LOSS ON DISPOSAL OF EQUIPMENT	9,752.		9,752.	
	e PROGRAM EVENTS	9,446.	9,446.		
	f All other expenses	16,479.	14,235.	2,244.	
	Total functional expenses. Add lines 1 through 24f	2,975,174.	2,824,834.	150,340.	0.
26	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
RΔ	٨				Form <b>990</b> (2009)

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Form **990** (2009)

Pa	rt X	Balance Sheet					· · · · · · · · · · · · · · · · · · ·
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		. [		1	
	2	Savings and temporary cash investments			2,587,901.	2	2,645,243.
ļ	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,915.	4	8,605.
	5	Receivables from current and former officers, director and highest compensated employees. Complete Part	s, trus II of S	tees, key employees, chedule L		5	
	6	Receivables from other disqualified persons (as define	ed und	ler section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B) Comp	plete F	Part II of Schedule L		6	
A S	7	Notes and loans receivable, net				7	
ASSET	8	Inventories for sale or use			8		
S	9	Prepaid expenses and deferred charges			20,283.	9	23,438.
	10 a	Land, buildings, and equipment cost or other basis.	10a	140,611.	·- ' ,	-	· .
		Complete Part VI of Schedule D			\ . 		
				53,670.	110,437.	10 c	86,941.
	11	Investments - publicly-traded securities	1,390,019.	11	45,484.		
	12	Investments - other securities See Part IV, line 11			12		
	13	Investments - program-related See Part IV, line 11			13		
	14	Intangible assets		128,463.	14	120,997.	
	15	Other assets See Part IV, line 11			13,501,210.	15	4,665,521.
	16	Total assets Add lines 1 through 15 (must equal line	34)		17,740,228.	16	7,596,229.
	17	Accounts payable and accrued expenses		,	187,775.	17	124,047.
	18	Grants payable				18	
	19	Deferred revenue				19	
L	20	Tax-exempt bond liabilities				20	
Ā	21	Escrow or custodial account liability Complete Part				21	
L	22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified pe	istees, rsons	key employees, Complete Part II			
Ţ	ļ	of Schedule L				22	
E S	23	Secured mortgages and notes payable to unrelated to	hird pa	arties	7,722,596.	23	
	24	Unsecured notes and loans payable to unrelated third	d parti	es		24_	
	25	Other liabilities Complete Part X of Schedule D			783,495.	25	248,817.
	26	Total liabilities. Add lines 17 through 25			8,693,866.	26	372,864.
NE T		Organizations that follow SFAS 117, check here ► 27 through 29 and lines 33 and 34.	X a	nd complete lines		77. w	
A Ş	27	Unrestricted net assets			9,046,362.	27	7,223,365.
	28	Temporarily restricted net assets			370107001	28	.,,===,,===
E T S	29	Permanently restricted net assets				29	
Q R	23	Organizations that do not follow SFAS 117, check h	and complete				
		lines 30 through 34.		7			
トリズロ	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building, and equi	pment	fund		31	
Ļ	32	Retained earnings, endowment, accumulated income				32	
BALANCES	33	Total net assets or fund balances			9,046,362.	33	7,223,365.
Š	34	Total liabilities and net assets/fund balances			17,740,228.	34	7,596,229.

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Form 990 (2009)

,	t At all than order of the troporting			
			Yes	No
1	Accounting method used to prepare the Form 990 $\square$ Cash $\square$ Accrual $\square$ Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule,O			34,3
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Х	
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
C	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both.			
	Separate basis X Consolidated basis Both consolidated and separate basis	2.0	, , , , , , , , , , , , , , , , , , ,	
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Х
b	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3ь		

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Form **990** (2009)

#### SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Employer identification number

OMB No 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Total

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization 33-0555563 NORTHTOWN HOUSING DEVELOPMENT CORP Part | Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II ) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) Я An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type II C Type III - Functionally integrated d | Type III — Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (i) 11g (i) a family member of a person described in (i) above? 11g (ii) 11 g (iii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organizations (iii) Type of organization (described on lines 1-9 above or IRC section (v) Did you notify the organization in cot (i) of (vi) Is the organization in col (vii) Amount of Support (in EIN (IV) Is the (i) Name of Supported ianizátion in col (i) listed in your (i) organized in the your support? (see instructions)) governing document? No Yes No Yes Yes No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checke	ed the box on line	5, 7, or 8 of Part	l.)			
Sect	ion A. Public Support	<del></del>		,			
begir	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include unusual grants )	1,472,795.	1,418,190.	1,781,500.	1,421,700.	1,401,498.	7,495,683.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4	Total. Add lines 1-through 3	1,472,795.	1,418,190.	1,781,500.	1,421,700.	1,401,498.	7,495,683.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount			9		,	0.
6	shown on line 11, column (f). <b>Public support.</b> Subtract line 5 from line 4	Xe X	*	egine y		-	7,495,683.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	1,472,795.	1,418,190.	1,781,500.	1,421,700.	1,401,498.	7,495,683.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	240,846.	270,080.	334,026.	204,356.	32,833.	1,082,141.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV).						0.
11	<b>Total support.</b> Add lines 7 through 10						8,577,824.
12	Gross receipts from related acti	vities, etc. (see in	istructions)			12	4,634,161.
	First five years. If the Form 990 organization, check this box and	d stop here		ond, third, fourth,	or fifth tax year a	as a section 501(c	)(3) ▶ □
Se	ction C. Computation of Pu						07 / 0/
14				ine 11, column (f)	Ļ	15	87.4%
15	Public support percentage from	2006 Scriedule A	d not shock the b	ov on line 13 ar	nd the line 11 is 3		
	a 33-1/3 support test — 2009. If the and stop here. The organization	•					
	<b>b 33-1/3 support test</b> – <b>2008.</b> If the and <b>stop here.</b> The organization	ne organization di n qualifies as a pi	d not check a box ublicly supported	c on line 13, or 16 or 16 or 16 or 16 or 16	oa, and line 15 is	33-1/3% or more,	check this box
	a 10%-facts-and-circumstances or more, and if the organization the organization meets the 'fac	n meets the 'facts ts-and-circumstan	-and-circumstanc ices' test The or	es' test, check thi ganization qualifi	s box and <b>stop n</b> ees as a publicly si	upported organiza	tion >
	b 10%-facts-and-circumstances or more, and if the organization organization meets the 'facts-a	n meets the 'facts nd-circumstances	-and-circumstanc ' test The orgar	es' test, check thi nization qualifies a	is box and <b>stop n</b> o as a publicly supp	e <b>re.</b> Explain in Pai orted organization	nt IV now the
_18	Private foundation. If the organ	nzation did not cr	IECK A DOX OIT TIME	, 13, 10a, 10b, 1.			990 or 990-F7) 2009

Schedule <b>A</b> (Form 990 or 990-EZ) 2009	9 NORTHTOW	N HOUSING I	DEVELOPMENT	CORP.	33-0555563	Page <b>3</b>
Part III Support Schedule for	r Organization	s Described	in Section 509	(a)(2)		
(Complete only if you chec	ked the box on li	ne 9 of Part I)				
Section A. Public Support						
Calendar year (or fiscal yr beginning in)►	(a) 2005_	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line	The state of the state of	2 m 2 pm	1 x1 x1 x x x	4, \$500	, 54	
7c from line 6)	in the state of the second	W	·	ets.		
Section B. Total Support						
Calendar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form						

# Calendar year (or fiscal yr beginning in) Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b Net income from unrelated business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV). 13 Total support. (add lins 9, 10c, 11, and 12)

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

	organization, check this box and stop here							
Section C. Computation of Public Support Percentage								
15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15		%	6			
16	Public support percentage from 2008 Schedule A, Part III, line 15	16		%	D			

#### Section D. Computation of Investment Income Percentage

18 Investment income percentage from 2008 Schedule A, Part III, line 17

17	Investment	ıncome	percentage	for 20	<b>09</b> (line	10c,	column (1	f) divided by	/ line 13	, column (1	((
----	------------	--------	------------	--------	-----------------	------	-----------	---------------	-----------	-------------	----

9a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	▶ [
<b>b 33-1/3 support tests</b> – <b>2008.</b> If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and is not more than 33-1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	line 18 _

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

17

18

%

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TEEA0404L 02/05/10

33-0555563

Schedule A (Form 990 or 990-EZ) 2009

Page 4

Schedule A (Form 990 or 990-EZ) 2009 NORTHTOWN HOUSING DEVELOPMENT CORP.

BAA

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
 ► Attach to Form 990.
 ► See separate instructions

OMB No 1545-0047

Open to Public Employer Identification number

Name	of the organization			Employer Identification	number
NOF	RTHTOWN HOUSING DEVELOPMENT CO	RP.			
				33-0555563	<del></del>
Par	Organizations Maintaining Dono the organization answered 'Yes' t	r Advised Funds or Other Similar Fi	unds or Acc	ounts Complete	ıf
	the organization answered hes t	<del>,</del>	(1)	undo and attack	
	Total number at end of year	(a) Donor advised funds	(B) F	unds and other acco	ounts
2	Aggregate contributions to (during year)		<del></del>	<del> </del>	
3	Aggregate grants from (during year)				
4	Aggregate value at end of year		··		
5	Did the organization inform all donors and dor funds are the organization's property, subject			Yes	□No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private benefits.	rs, and donor advisors in writing that grant f the benefit of the donor or donor advisor or	unds may be	Yes	No
Pa	Conservation Easements Comple	ete if the organization answered 'Ye	s' to Form 99	90. Part IV. line	7.
1	Purpose(s) of conservation easements held by				
	Preservation of land for public use (e.g., r	ecreation or pleasure) Preservation	n of an historic	ally important land a	area
	Protection of natural habitat	Preservatio	n of certified hi	storic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation contribution			
				Held at the End of	the Year
	a Total number of conservation easements		2 a		
	b Total acreage restricted by conservation ease		2b		
	Number of conservation easements on a certi		2 c 2 d		
_	d Number of conservation easements included Number of conservation easements modified,			rangation during th	o toy
3	year ►	transierred, released, extinguished, or term	inated by the of	rgariization during th	Clax
4		onservation easement is located >	<del></del>		
5	Does the organization have a written policy reand enforcement of the conservation easeme	egarding the periodic monitoring, inspection, nt it holds?	handling of vio	lations, Yes	☐ No
	Staff and volunteer hours devoted to monitori during the year		_		_
7	Amount of expenses incurred in monitoring, i during the year ▶	nspecting, and enforcing conservation easen	nents \$_		
8	Does each conservation easement reported o 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of .	fsection	Yes	☐ No
9	In Part XIV, describe how the organization report include, if applicable, the text of the footnote conservation easements	s conservation easements in its revenue and ex to the organization's financial statements that	pense statement at describes the	t, and balance sheet, e organization's acco	and ounting for
Pa	Organizations Maintaining Collections Complete if the organization and	ections of Art, Historical Treasures,	or Other Sir	nilar Assets	
	a If the organization elected, as permitted under treasures, or other similar assets held for put the text of the footnote to its financial statem	er SFAS 116, not to report in its revenue state of sevenue state of the	ement and bala	ance sheet works of	
	b If the organization elected, as permitted unde treasures, or other similar assets held for put amounts relating to these items				
	(i) Revenues included in Form 990, Part VIII	, line 1		<b>&gt;</b> \$	
	(ii) Assets included in Form 990, Part X			<b>►</b> \$	
2	If the organization received or held works of a mounts required to be reported under SFAS	art, historical treasures, or other similar asse 116 relating to these items:	ets for financial	gain, provide the fol	lowing
	a Revenues included in Form 990, Part VIII, line	e 1		<b>►</b> \$	
	<b>b</b> Assets included in Form 990, Part X			▶\$	

Schedule <b>D</b> (Form 990) 2009 NORTH	ITOWN HOUSI	NG DEVELOPMEN	NT CORP.	33-055	5563	Page 2
Part III   Organizations Maintai				Other Similar Ass	ets (conti	
Using the organization's acquisition items (check all that apply)						
a Public exhibition			or exchange programs			
b Scholarly research		e Other				
c Preservation for future gener	ations					
4 Provide a description of the organ		ions and explain hov	v they further the organ	nization's exempt purpo	se in	
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or red ather than to be	eive donations of art maintained as part o	t, historical treasures, of of the organization's co	or other similar llection?	Yes	No
Part IV Escrow and Custodia	Arrangemer	its Complete if o	rganization answei	red 'Yes' to Form 9	90, Part I\	/, line
9, or reported an amo						<del></del>
1 a Is the organization an agent, trus included on Form 990, Part X?				ner assets not	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and	complete the following	ng table.	<del></del>	A	
6				1-	Amount	
c Beginning balance				1c		
d Additions during the year				1d		<del></del>
e Distributions during the year				1e	·····	
f Ending balance	_			1f		
2a Did the organization include an a		990, Part X, line 217			Yes	No
b If 'Yes,' explain the arrangement			-110/- 11 5 00	00 D - + 1\/ 1 10		
Part V Endowment Funds Co					T	
_	(a) Current yea	r (b) Prior year	(c) Two years bac	k (d) Three years back	(e) Four y	ears back
1 a Beginning of year balance				1 - 2 - 2		1
<b>b</b> Contributions					<del> </del>	• ' * t
c Net Investment earnings, gains, and losses			- 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2		<u> </u>	
d Grants or scholarships			1. 1. 2. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Car Section 19.		· \$1
<ul> <li>Other expenditures for facilities and programs</li> </ul>			三十年 李明明			\$ t,
f Administrative expenses			, , j , e j	10 th 18	>,	
g End of year balance			,			
2 Provide the estimated percentag	e of the year end	d balance held as				
a Board designated or quasi-endov		*				
b Permanent endowment	8					
c Term endowment	8					
3a Are there endowment funds not	- <del></del>	n of the organization	that are held and adm	inistered for the	Ye	s No
organization by					3a(i)	3 110
(i) unrelated organizations					3a(ii)	
(ii) related organizations			ala adula D2		3b	<del>-                                    </del>
b If 'Yes' to 3a(II), are the related	-				30	
4 Describe in Part XIV the intende						
Part VI Investments—Land, B					(-1) D1	\ /=l
Description of investmen	t (a	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book	value
1 a Land						
<b>b</b> Buildings						<u> </u>
c Leasehold improvements			1,535.	1,535.		0.
<b>d</b> Equipment			6,458.	3,515.		2,943.
e Other			132,618.	48,620.		33,998.

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86,941. Schedule **D** (Form 990) 2009

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Part VII	Schedule D (Form 990) 2009 NORTHTOWN HOUSING	DEVELOPMENT CO	RP. 33-05	55563 Page <b>3</b>
Total (Column (b) must equal Form 990, Part X, col (B) line 12)  Total (Column (b) must equal Form 990, Part X, col (B) line 12)  Total (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII   Investments—Program Related (See Form 990, Part X, line 13)  (a) Description of investment type  (b) Book value  (c) Method of valuation Cost of end of year market value  (c) Method of valuation Cost of end of year market value  (c) Method of valuation Cost of end of year market value  (c) Method of valuation Cost of end of year market value  (c) Description  (b) Book value  (c) Description  (c) Description  (c) Description  (b) Book value  (c) Description  (c) Description  (c) Description  (d) Description  (d) Description  (e) Pook value  (e) Amount Foderal Income Taxes DUE TO NTHP  (g) Description  (g) Description  (g) Description  (h) Amount Foderal Income Taxes DUE TO NTHP  (g) Description  (h) Amount Foderal Income Taxes DUE TO NTHP  (g) Description  (h) Amount Foderal Income Taxes DUE TO NTHP  (g) DESCRIPTION  (h) Amount Foderal Income Taxes DUE TO NTHP  (g) DESCRIPTION  (h) Amount Foderal Income Taxes DUE TO NTHP  (h)	Part VII Investments-Other Securities See Fo	orm 990, Part X, line	e 12. N/A	
Total (Column (b) must equal Form 990, Part X, col (B) line 12)  Total (Column (b) must equal Form 990, Part X, col (B) line 12)  Total (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII   Investments—Program Related (See Form 990, Part X, line 13)  (a) Description of investment type  (b) Book value  (c) Method of valuation Cost of end of year market value  (c) Method of valuation Cost of end of year market value  (c) Method of valuation Cost of end of year market value  (c) Method of valuation Cost of end of year market value  (c) Description  (b) Book value  (c) Description  (c) Description  (c) Description  (b) Book value  (c) Description  (c) Description  (c) Description  (d) Description  (d) Description  (e) Pook value  (e) Amount Foderal Income Taxes DUE TO NTHP  (g) Description  (g) Description  (g) Description  (h) Amount Foderal Income Taxes DUE TO NTHP  (g) Description  (h) Amount Foderal Income Taxes DUE TO NTHP  (g) Description  (h) Amount Foderal Income Taxes DUE TO NTHP  (g) DESCRIPTION  (h) Amount Foderal Income Taxes DUE TO NTHP  (g) DESCRIPTION  (h) Amount Foderal Income Taxes DUE TO NTHP  (h)	(a) Description of security or category (including name of security)	<b>(b)</b> Book value	(c) Method of valu Cost or end-of-year ma	ation orket value
Total. (Column (a) must equal Form 990 Part X, col (b) line 12) •    Part VIII   Investments - Program Related (See Form 990, Part X, line 13)   N/A (c) Method of valuation (a) Description of investment type (b) Book value   Cost or end-of-year market value      Total. (Column (b) must equal Form 990 Part X, col (b) line 13)   Part X, line 15 (a) Description (b) Book value      Total. (Column (c) must equal Form 990 Part X, col (d), line 15)   (e) Description (b) Book value      Total. (Column (c) must equal Form 990 Part X, col (d), line 15)   4, 665, 521.    Total. (Column (c) must equal Form 990 Part X, col (d), line 15)   (e) Amount	Financial derivatives			
Total. (Column (a) must equal Form 990 Part X, col (b) line 12) •    Part VIII   Investments - Program Related (See Form 990, Part X, line 13)   N/A (c) Method of valuation (a) Description of investment type (b) Book value   Cost or end-of-year market value      Total. (Column (b) must equal Form 990 Part X, col (b) line 13)   Part X, line 15 (a) Description (b) Book value      Total. (Column (c) must equal Form 990 Part X, col (d), line 15)   (e) Description (b) Book value      Total. (Column (c) must equal Form 990 Part X, col (d), line 15)   4, 665, 521.    Total. (Column (c) must equal Form 990 Part X, col (d), line 15)   (e) Amount	Closely-held equity interests			
Total. (Column (b) must equal Form 590 Part X, col (6) line 12) * Part VIII   Investments - Program Related (See Form 990, Part X, line 13) N/A (c) Method of valuation (cost or end-of-year market value)  Total. (Column (b) must equal Form 590, Part X, col (6) line 13) * Part X   Other Assets (See Form 990, Part X, line 15)  SEE FART XIV (a) Description (b) must equal Form 990, Part X, col (6), line 15) * 4, 665, 521.  Part X   Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount Federal Income Taxes   DUE To NHLC   68, 513. DUE To NHLC   68, 513. DUE To NTHP   123, 297. DUE TO NTHP   123, 297. DUE TO NTHP   155, 607. MISCELLANGUS DEPOSITS   5, 61. MISCELLANGUS DEPOSITS   5, 61. MISCELLANGUS DEPOSITS   1, 350.    Total. (Column (b) must equal Form 590, Part X, col (6) line 25) * 248, 817.				
Part VIII   Investments				
Part VIII   Investments				
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Part VIII   Investments	T. 1. (0) (1) (1) (2) (1) (1) (1) (1)		<del></del>	
(a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value  Total. (Column (b) must equal Form 990, Part X, Col (B) Ime 13) ►  Part IX   Other Assets (See Form 990, Part X, Inne 15)  (a) Description  (b) Book value  SEE PART XIV  Total. (Column (b) must equal Form 990, Part X, col (B), line 15) ► 4, 665, 521.  Part X   Other Liabilities (See Form 990, Part X, line 25) (a) Description of Liability (b) Amount Federal Income Taxes  DUE TO INFLC 68, 513.  DUE TO INFLC 68, 513.  DUE TO INFLP 123, 297.  DUE TO INFLP 123, 297.  MISCELLANEOUS DEPOSITS 50.  RENT DEPOSITS 1, 350.  Total. (Column (b) must equal Form 990, Part X, col (B) Ime 25) ► 248, 817.		Form 000 Port V II	no 12) N/A	
Cost or end-of-year market value				
Total. (Column (b) must equal Form 930, Part X, Col (B) line 13)   Part IX Other Assets (See Form 990, Part X, line 15)  SEE PART XIV  Total. (Column (b) must equal Form 990, Part X, col (B), line 15)   Part X Other Liabilities (See Form 990, Part X, line 25)   (a) Description of Liability (b) Amount Federal Income Taxes  DUE TO NHLC 68, 513, DUE TO NHLC 68, 513, DUE TO NTHP 123, 297, DUE TO NTHP 123, 297, DUE TO NTHP 55, 607.  MISCELLANEOUS DEPOSITS 50.  RENT DEPOSITS 50.  RENT DEPOSITS 1, 350.	(a) Description of investment type	(b) Book value	(c) Method of valu	lation arket value
Part IX   Other Assets (See Form 990, Part X, line 15)   (a) Description   (b) Book value			Cost of ond of year me	The Value
Part IX   Other Assets (See Form 990, Part X, line 15)   (a) Description   (b) Book value				
Part IX   Other Assets (See Form 990, Part X, line 15)   (a) Description   (b) Book value		-		
Part IX   Other Assets (See Form 990, Part X, line 15)   (a) Description   (b) Book value		··		
Part IX   Other Assets (See Form 990, Part X, line 15)   (a) Description   (b) Book value				<u> </u>
Part IX   Other Assets (See Form 990, Part X, line 15)   (a) Description   (b) Book value				
Part IX   Other Assets (See Form 990, Part X, line 15)   (a) Description   (b) Book value				
Part IX   Other Assets (See Form 990, Part X, line 15)   (a) Description   (b) Book value				
Part IX   Other Assets (See Form 990, Part X, line 15)   (a) Description   (b) Book value				
Part IX   Other Assets (See Form 990, Part X, line 15)   (a) Description   (b) Book value				
Part IX   Other Assets (See Form 990, Part X, line 15)   (a) Description   (b) Book value				
(a) Description (b) Book value  SEE PART XIV  Total. (Column (b) must equal Form 990, Part X, col (B), line 15)   Part X   Other Liabilities (See Form 990, Part X, line 25)  (a) Description of Liability (b) Amount Federal Income Taxes  DUE TO NHLC 68,513.  DUE TO NTHP 123,297.  DUE TO NTHP 123,297.  DUE TO NTHP 55,607.  MISCELLANEOUS DEPOSITS 50.  RENT DEPOSITS 1,350.  Total. (Column (b) must equal Form 990, Part X, col (B) line 25)   248,817.	Total. (Column (b) must equal Form 990, Part X, Col (B) line 13)	lino 15)		· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, col (B), line 15)  Part X   Other Liabilities (See Form 990, Part X, line 25)  (a) Description of Liability   (b) Amount  Federal Income Taxes  DUE TO NHLC   68, 513.  DUE TO NTHP   123, 297.  DUE TO NTHP   123, 297.  DUE TO NTHP   55, 607.  MISCELLANEOUS DEPOSITS   50.  RENT DEPOSITS   1, 350.  Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 248, 817.				(h) Daale value
Total. (Column (b) must equal Form 990, Part X, col (B), line 15)  Part X   Other Liabilities (See Form 990, Part X, line 25)  (a) Description of Liability (b) Amount  Federal Income Taxes  DUE TO NHLC 68,513.  DUE TO NTHP 123,297.  DUE TO NTHP 55,607.  MISCELLANEOUS DEPOSITS 50.  RENT DEPOSITS 1,350.  Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ► 248,817.		escription		(b) Book Value
Part X Other Liabilities (See Form 990, Part X, line 25)   (a) Description of Liability (b) Amount   Federal Income Taxes —   DUE TO NHLC 68,513.   DUE TO NTHP 123,297.   DUE TO NTHP 55,607.   MISCELLANEOUS DEPOSITS 50.   RENT DEPOSITS 1,350.   Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 248,817.	SEE PART XIV			ļ <del>.</del>
Part X Other Liabilities (See Form 990, Part X, line 25)   (a) Description of Liability (b) Amount   Federal Income Taxes —   DUE TO NHLC 68,513.   DUE TO NTHP 123,297.   DUE TO NTHP 55,607.   MISCELLANEOUS DEPOSITS 50.   RENT DEPOSITS 1,350.   Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 248,817.				<del></del>
Part X Other Liabilities (See Form 990, Part X, line 25)   (a) Description of Liability (b) Amount   Federal Income Taxes —   DUE TO NHLC 68,513.   DUE TO NTHP 123,297.   DUE TO NTHP 55,607.   MISCELLANEOUS DEPOSITS 50.   RENT DEPOSITS 1,350.   Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 248,817.				
Part X Other Liabilities (See Form 990, Part X, line 25)   (a) Description of Liability (b) Amount   Federal Income Taxes —   DUE TO NHLC 68,513.   DUE TO NTHP 123,297.   DUE TO NTHP 55,607.   MISCELLANEOUS DEPOSITS 50.   RENT DEPOSITS 1,350.   Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 248,817.				<del>                                     </del>
Part X Other Liabilities (See Form 990, Part X, line 25)   (a) Description of Liability (b) Amount   Federal Income Taxes —   DUE TO NHLC 68,513.   DUE TO NTHP 123,297.   DUE TO NTHP 55,607.   MISCELLANEOUS DEPOSITS 50.   RENT DEPOSITS 1,350.   Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 248,817.				
Part X Other Liabilities (See Form 990, Part X, line 25)   (a) Description of Liability (b) Amount   Federal Income Taxes —   DUE TO NHLC 68,513.   DUE TO NTHP 123,297.   DUE TO NTHP 55,607.   MISCELLANEOUS DEPOSITS 50.   RENT DEPOSITS 1,350.   Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 248,817.				<del>-</del>
Part X Other Liabilities (See Form 990, Part X, line 25)   (a) Description of Liability (b) Amount   Federal Income Taxes —   DUE TO NHLC 68,513.   DUE TO NTHP 123,297.   DUE TO NTHP 55,607.   MISCELLANEOUS DEPOSITS 50.   RENT DEPOSITS 1,350.   Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 248,817.		<del> </del>	<u>.</u>	<del> </del>
Part X Other Liabilities (See Form 990, Part X, line 25)   (a) Description of Liability (b) Amount   Federal Income Taxes —   DUE TO NHLC 68,513.   DUE TO NTHP 123,297.   DUE TO NTHP 55,607.   MISCELLANEOUS DEPOSITS 50.   RENT DEPOSITS 1,350.   Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 248,817.				<u> </u>
Part X Other Liabilities (See Form 990, Part X, line 25)   (a) Description of Liability (b) Amount   Federal Income Taxes —   DUE TO NHLC 68,513.   DUE TO NTHP 123,297.   DUE TO NTHP 55,607.   MISCELLANEOUS DEPOSITS 50.   RENT DEPOSITS 1,350.   Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 248,817.				
Part X Other Liabilities (See Form 990, Part X, line 25)   (a) Description of Liability (b) Amount   Federal Income Taxes —   DUE TO NHLC 68,513.   DUE TO NTHP 123,297.   DUE TO NTHP 55,607.   MISCELLANEOUS DEPOSITS 50.   RENT DEPOSITS 1,350.   Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 248,817.				
(a) Description of Liability       (b) Amount         Federal Income Taxes       ————————————————————————————————————				4,665,521.
DUE TO NHLC         68,513.           DUE TO NTHP         123,297.           DUE TO NTHP         55,607.           MISCELLANEOUS DEPOSITS         50.           RENT DEPOSITS         1,350.           Total. (Column (b) must equal Form 990, Part X, col (B) line 25)         ≥ 248,817.	Part X Other Liabilities (See Form 990, Part			
DUE TO NHLC       68,513.         DUE TO NTHP       123,297.         DUE TO NTHP       55,607.         MISCELLANEOUS DEPOSITS       50.         RENT DEPOSITS       1,350.         Total. (Column (b) must equal Form 990, Part X, col (B) line 25)       ≥ 248,817.		(b) Amount	,	
DUE TO NTHP       123,297.         DUE TO NTHP       55,607.         MISCELLANEOUS DEPOSITS       50.         RENT DEPOSITS       1,350.         Total. (Column (b) must equal Form 990, Part X, col (B) line 25)       ▶       248,817.	Federal Income Taxes			
DUE TO NTHP  MISCELLANEOUS DEPOSITS  SO.  RENT DEPOSITS  1,350.  Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶  248,817.	DUE TO NHLC	68,51	.3.	· *
MISCELLANEOUS DEPOSITS  RENT DEPOSITS  1,350.  Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶  248,817.	DUE TO NTHP	123,29		ns.
MISCELLANEOUS DEPOSITS 50.  RENT DEPOSITS 1,350.  Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ 248,817.	DUE TO NTHP	55,60	07.	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ► 248, 817.				,-
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ► 248,817.				-
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	Total (Column (h) must acual Form 000 Part V and (D) I and 25	2/0 01	7	,
				ho organization's list list

<u>Sc</u> he		33-055	55563	Page 4
Par			N/A	
1	Total revenue (Form 990, Part VIII,column (A), line 12)			
2	Total expenses (Form 990, Part IX, column (A), line 25)	į		
3	Excess or (deficit) for the year Subtract line 2 from line 1			
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities			
6	Investment expenses	I		
7	Prior period adjustments			<del></del>
8	Other (Describe in Part XIV)			
9	Total adjustments (net) Add lines 4 through 8			
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			
Par	t XII   Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	N/A	
1	Total revenue, gains, and other support per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
	Net unrealized gains on investments	_		
_	Donated services and use of facilities 2b			
	Recoveries of prior year grants	_	ĺ	
	Other (Describe in Part XIV)		ļ	
	Add lines 2a through 2d	2 e		
	Subtract line <b>2e</b> from line <b>1</b>	3		-
	Amounts included on Form 990, Part VIII, line 12, but not on line 1	j	•	
	I Investments expenses not included on Form 990, Part VIII, line 7b	ᆀ.	[	
	Other (Describe in Part XIV) .			
	: Add lines 4a and 4b.	4c		
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	37 /3	
	T XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses p		irn N/A	
	Total expenses and losses per audited financial statements	1		
	Amounts included on line 1 but not on Form 990, Part IX, line 25		1	
	a Donated services and use of facilities			
	Prior year adjustments  C Other losses  2b  2c		1	
			1	
			4	
	e Add lines 2a through 2d	3	1	<del></del>
3	Subtract line 2e from line 1	-	<del> </del>	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b 4a			
	b Other (Describe in Part XIV)	$\dashv$		
	c Add lines <b>4a</b> and <b>4b</b> .	40		
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5		
	rt XIV   Supplemental Information		L	
Con	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this rmation	t IV, lines s part to	s 1b and 2b, F provide any a	Part V, dditional
				- <b>-</b>
				· - <b>-</b>

TEEA3304L 02/02/10

Schedule **D** (Form 990) 2009

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Schedule D (Form 990) 2009 NORTHTOWN HOUSING DEVELOPMENT CORP.	33-0555563	Page 5
Part XIV Supplemental Information (continued)		
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TEEA3305L 07/10/09

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Schedule **D** (Form 990) 2009

2009 ·	SCHEDULE D, PART XIV - SUPPLEMENTAL IN	IFORMATIONPAGE 6
CLIENT NHDC	NORTHTOWN HOUSING DEVELOPMENT CORP.	33-0555563
11/12/10 SCHEDULE D OTHER ASSE	PART IX	10 26AM
DUE FROM NO DUE FROM NT DUE FROM OL DUE FROM SA ESCROW DEPO INTEREST RE OTHER LT AS PROGRAM REL REFUNDABLE	N SEVAINE SITS CEIVABLE - INVESTMENTS SETS ATED REAL ESTATE AND DEV COST	BOOK VALUE  \$ NONE  NONE  12,291.  141,392.  211,042.  76,936.  NONE  100,000.  2,793,703.  1,000.  1,329,157.  TOTAL  \$ 4,665,521.
BOOK/TAX DI IMPAIRMENT	PART XI, LINE 8 GES IN NET ASSETS OR FUND BALANCES FFERENCE FROM INVESTMENT IN NORTH TOWN HSG PTRS. LOSS SS ON INVESTMENTS	\$ 8,057. -64,721. 383,772. TOTAL <u>\$ 327,108.</u>
BOOK GAIN (	, PART XII, LINE 2D NUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990 ON INVESTMENTS TIES IN CONSOLIDATED AUDIT	\$ 50,512. 85,228. TOTAL \$ 135,740
BOOK/TAX D	PART XII, LINE 4B NUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S OFFERENCES FROM K-1 OFFERENCES INVESTMENTS	\$ 74. TOTAL \$ -333,261. \$ -333,187.
OTHER EXPE	PART XIII, LINE 2D INSES AND LOSSES PER AUDITED F/S LOSS FIES IN CONSOLIDATED AUDIT	\$ 64,721. 113,385. TOTAL \$ 178,106.

2009

## SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 7

CLIENT NHDC

NORTHTOWN HOUSING DEVELOPMENT CORP.

33-0555563

11/12/10

10 26AM

SCHEDULE D, PART XIII, LINE 4B OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

BOOK/TAX DIFFERENCES FROM K-1

TOTAL \$ 8,134.

# SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990.

2009

OMB No 1545 0047

Employer identification number

33-0555563

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XX

Department of the Treasury Internal Revenue Service Name of the organization

Partur General Information on Grants and Assistance NORTHIOWN HOUSING DEVELOPMENT CORP

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Bart IV the organization's procedures for monitoring the use of grant funds in the United States	procedures for mon	intoring the use of ar	ant funds in the United	States SEE PA	RT IV		
Parties and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Farming Grants and Other Assistance to Governments and Organization answered 'Yes' to Farming Grants and Other Assistance to Governments and Organization answered 'Yes' to Farming Grants and Other Assistance to Governments and Organization answered 'Yes' to Farming Grants and Other Assistance to Governments and Organization States. Complete if the organization answered 'Yes' to Farming Grants and Other Assistance to Governments and Organization States.	nce to Governm	ents and Organi	Organizations in the United States. Complete if the organization answered 'Yes' to Form	ed States. Comple	te if the organizat	ion answered 'Ye more than \$5.00	ss' to Form 0. Use
990, Part IV, line Z1 for any recipient that received filore than 45.5 Part IV and Schedule I-1 (Form 990) if additional space is needed	ly recipient triat r Form 990) if add	eceived inore u	iaii 40,000. Oilech needed				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) and government organizations	(3) and government	organizations				<b>A</b>	0
3 Enter total number of other organizations	tions						
	uction Act Notice, s	ee the Instructions	ctions for Form 990.	TEEA3901L 02/10/10	02/10/10	Schedi	Schedule I (Form 990) 2009

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2 Schedule I (Form 990) 2009 NORTHTOWN HOUSING DEVELOPMENT CORP.

Schedule I (Form 990) 2009 NORTHTOWN HOUSING DEVELOPMENT CORP.

Schedule I (Form 990) 1 additional space is needed. 33-0555563

(f) Description of non-cash assistance	•				in Part I, line 2, and any other additional information.									1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(e) Method of valuation (book, FMV, appraisal, other)					rt I, line 2, and any ot	1	CLASSES_AND	HDC)NHDC	ALD_ACCOUNT	OMORE TO	IR EACH	RSITY EACH	TOTAL OF	             		
(d) Amount of non-cash assistance					ion required in Pa	<u> 18ED</u>	TER FOR THEIR	CORPORATION (N	<u>-A FINANCIAL A</u>	IN THEIR SOPE	<u>HEIR GRADES EC</u>	K_TO_THE_UNIVE	ESTER_UNTIL_A			.
(c) Amount of cash grant	15,500.				to provide the information required	<u>F HOW GRANTS ARE USED</u>	HEY WILL REGIS	IG_DEVELOPMENT_	WHICH WILL GO INTO A FINANCIAL AID ACCOUNT	ROM THAT ACCOUNT. IN THEIR SOPHOMORE TO	A_TRANSCRIPT_OF_THEIR_GRADES_FOR_EACH	WILL SEND THE CHECK TO THE UNIVERSITY. EACH	50_PER_QUARTER/SEMESTER_UNTIL_A_TOTAL_OF			
(b) Number of recipients	m					<u>SCRIPTION OF HO</u>	R_IN_COLLEGE_T	RIHIOWN HOUSIN	<u>Y_A_CHECK_WHIC</u>	BE PAID FROM		IHEN NHDC WILL	<u>IMUM_OF_\$750_P</u>		 	
(a) Type of grant or assistance	COLLEGE THITTON	NOTATION TOTAL			Baraly   Supplemental Information. Complete this part	<u>PART I, LINE 2 - GRANTMAKER'S DESCRIPTION O</u>	DURING_THE_STUDENT'S FIRST_YEAR_IN_COLLEGE_THEY_WILL_REGISTER_FOR_THEIR_CLASSES_AND	SEND_PROOF_OF_ENROLLMENT_TO_NORTHTOWN_HOUSING_DEVELOPMENT_CORPORATION_(NHDC)NHDC	WILL THEN SEND THEIR UNIVERSITY A CHECK	FOR_THAT STUDENT AND FEES WILL BE PAID F	SENIOR_YEARS,_THE_STUDENT_WILL_SEND_NHDC	PREVIOUS QUARTER/SEMESTER AND THEN NHDC	STUDENT_IS_QUALIFIED_FOR_A_MAXIMUM_OF_\$7			

Schedule I (Form 990) 2009

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SCHEDULE R (Form 990)

Department of the Treasury internal Revenue Service Name of the organization

NORTHTOWN HOUSING DEVELOPMENT CORP

Related Organizations and Unrelated Partnerships

2009

OMB No 1545-0047

Openito Publ

Employer identification number 33-0555563

Part IV, line 33.)

Range Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990,

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 Attach to Form 990. P See separate instructions.

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	( <b>D)</b> Total income	(E) End-of-year assets	(F) Direct controlling entity
SAN SEVAINE VILLAS, LLC					
RANCHO CUCAMONGA, CA 91730	LOW INC HSG	CA	240,000.	225,301.	N/A
<b>Dargill</b> Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	ing (Complete if the orging the tax year.)	ganization answere	d 'Yes' to Form 990	), Part IV, line 34 b	ecause it had
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	( <b>b)</b> Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
NORTH TOWN TOWNHOMES INC					
RANCHO CUCAMONGA, CA 91730	INV IN LOW INC HSG	CA	501 (C) (3)	11A	N/A
NORTH TOWN LAS CASITAS INC	PROVIDE				
RANCHO CUCAMONGA, CA 91730	TO NEEDY INDIVIDUALS	ď	501 (C) (3)	118	N/A
NORTHIOWN HOUSING FINANCE CORPORATION SEGO HAVEN AVE #205	PROVIDE AFFORDABLE HSG				
. &i	TO NEEDY INDIVIDUALS	CA	501 (C) (3)	11A	N/A

Schedule R (Form 990) (2009)

TEEA5001L 02/05/10

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33-0555563

Page 2

Schedule R (Form 990) 2009 NORTHIOWN HOUSING DEVELOPMENT CORP.

**Parities** Identification of Related Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line because it had one or more related organizations treated as a partnership during the tax year.)

(J) General or managing partner? ž × Yes × × Code V-UBI amount in box 20 of Schedule | N/A N/A N/A (Form 1065) (H)
Disproportionate
allocations? å × × × Yes Share of total income Share of end-of-year assets ö 2,780,668 250,853 ö o. -8,060 (E)
Predominant
income (related,
unrelated, excluded
from tax under
sections 512-514) RELATED RELATED RELATED controlling entity VILLAS, LLC SAN SEVAINE SAN SEVAINE VILLAS, LLC Olrect Drect N/A Legal domicile state or foreign country) g S ర (B) Primary Activity LOW INC HSG LOW INC HSG LOW INC HSG OLEN JONES SENIOR APT COMMUNITY LP RANCHO CUCAMONGA, CA 91730 RANCHO CUCAMONGA, CA 91730 RANCHO CUCAMONGA, CA 91730 (A)
Name, address, and EIN of related organization SAN SEVAINE VILLAS, LP SAN SEVAINE VILLAS, LP 8599 HAVEN AVE, #205 8599 HAVEN AVE, #205 8599 HAVEN AVE, #205 32-0278006 48-1281649 32-0278006

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, Ine 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	<b>Faxable as a Co</b> ed organizations	rporation or Tr treated as a co	<b>ust</b> (Complete or t	if the organiz	ation answered 'Yo tax year.)	es' to Form 990, Pa	rt  <,
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(B) (C) (D) (D) Type of entity (C) corp. S corp. (F) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	(H) Percentage ownership
	<u> </u>						
	·- <sub>1</sub>						
ВАА		TEEA5002L 02/05/10	05/10			Schedule <b>R</b> (Form 990) (2009)	990) (2009)

33-0555563

Part V Transactions With Related Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

Note Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	•	-	Yes No
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV:	:\\:		•
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	-	1a .	X
<b>b</b> Gift, grant, or capital contribution to other organization(s)		1 b	X
c Grift, grant, or capital contribution from other organization(s)		10	×
d Loans or loan quarantees to or for other organization(s)		19	×
e Loans or loan guarantees by other organization(s)		1e	×
			-
f Sale of assets to other organization(s)		7	×
g Purchase of assets from other organization(s)		19	×
h Exchange of assets		٦ ۲	×
i Lease of facilities, equipment, or other assets to other organization(s)		=	×
(a) most of the contribution of the contributi		, ;	· , >
Julian Statement of services or membership or fundraising solicitations for other proprietations(s)		-   -	×
		=	×
m Sharing of facilities, equipment, mailing lists, or other assets.		18	×
n Sharing of paid employees		- L	×
		ì	
o Reimbursement paid to other organization for expenses		10	×
<b>p</b> Reimbursement paid by other organization for expenses		1 p	×
		,	:
		<u>-</u>	\ \
r Other transfer of cash or property from other organization(s)  1 If the answer to any of the above is "Yes", see the instructions for information on who must complete this line including covered relationships and transaction thresholds	or and transaction thresho	1 2	<u> </u>
וו יוים מוסאים וס מון סו וווים מסטים זם וכש, שכם יווים וושמתקווסום וסו	מוס וושופכנוסון נווובפון	Splice	
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved	volved
(1) NORTH TOWN TOWNHOMES INC	ш		55, 607.
(2) SAN SEVAINE VILLAS, IP	а	3	309,441
(3) CAN SEVAINE VILLAS ID	C	80	8.436.928
(4)			
(5)			
(9)			
TEFASONSI OZYGZIO	Schedule	Schedule <b>R</b> (Form 990) (2009)	() ()

Schedule R (Form 990) 2009 NORTHTOWN HOUSING DEVELOPMENT CORP

Parivin Unrelated Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships

(A) Name, address, and EIN of entity  Prima	(B) ry activity	(C) Legal domicile (state or foreign country)	Are all partners section 501(c)(3) organizations?	(E) Share of end-of-year assets	(F) Disproportionate allocations?	(G) Code V-UBI amount In box 20 of Schedule K-1 Form (1065)	• (H) General or managing partner?	al or ling er?
			Yes No		Yes No		Yes	S S
-							_	
								-
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		_			_			
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			· <del>-</del>				·-	
							1	
ВАА		TEEA5004L 02/05/10				Schedule <b>R</b> (Form 990) (2009)	7) (066 u	5009)

#### SCHEDULE O (Form 990)

#### Supplemental Information to Form 990

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Open to Public Inspection Employer identification numb Name of the organization 33-0555563 NORTHTOWN HOUSING DEVELOPMENT CORP. FORM 990, PART VI, LINE 13 - POLICIES NORTH TOWN HOUSING DEVELOPMENT CORPORATION DID NOT HAVE A WRITTEN WHISTLEBLOWER POLICY IN PLACE AS OF THE END OF THE TAX YEAR. THE GOVERNING BOARD WILL ADDRESS ADOPTING A POLICY IN THE NEXT BOARD MEETING. FORM 990, PART VI, LINE 14 - POLICIES NORTH TOWN HOUSING DEVELOPMENT CORPORATION DID NOT HAVE A WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY IN PLACE AS OF THE END OF THE TAX YEAR. THE GOVERNING BOARD WILL ADDRESS ADOPTING A POLICY DURING THE NEXT BOARD MEETING. FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS THE ORGANIZATION AMENDED THEIR ARTICLES OF INCORPORATION AND BYLAWS DURING 2009, COPIES OF WHICH ARE ATTACHED. FORM 990, PART VI, LINE 5 - DESCRIPTION OF MATERIAL DIVERSION OF ASSETS IT WAS DISCOVERED DURING THE TAX YEAR THAT AN EMPLOYEE OF THE ORGANIZATION EMBEZZLED THE ORGANIZAITON'S FUNDS AND ALSO USED THE ORGANIZAITON'S FUNDS TO PURCHASE PERSIONAL ITEMS. THE ESTIMATED AMOUNT EMBEZZLED IS APPROXIMATELY 150,000. UPON DISCOVERY OF THE EMBEZZLEMENT, THE EMPLOYEE WAS TERMINATED AND CRIMINAL CHARGES WERE BROUGHT AGAINST THE EMPLOYEE. TO DATE INSURANCE HAS REIMBURSED THE ORGANIZATION APPROXIMATELY 100,000. FORM 990, PART VI. LINE 11 - FORM 990 REVIEW PROCESS FORM 990 WILL BE REVIEWED BY THE EXECUTIVE DIRECTOR PRIOR TO THE FILING OF THE TAX THE BOARD HAS GIVEN THE EXECUTIVE DIRECTOR THE AUTHORITY TO REVIEW THE RETURN. FORMS AND SHE WILL CONSULT WITH THE PRESIDENT OF THE BOARD IF NECESSARY. FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS THE BOARD ADDRESSES THE ISSUE OF CONFLICTS OF INTEREST AT LEAST ONCE PER YEAR.

e of the organization RTHTOWN HOUSING DEVELOPMENT CORP.	Page Employer identification number 33-055563
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROV	AL PROCESS FOR OFFICERS & KEY EMPL
THE BOARD OF DIRECTORS WILL ANNUALLY REVIEW THE COMPE	NSATION OF THE EXECUTIVE
DIRECTOR AND DOCUMENT THE DECISION IN THE MINUTES. TH	E BOARD WILL ALSO HANDLE THE
COMPENSATION DECISIONS REGARDING OTHER OFFICERS, KEY	EMPLOYEES IN THE SAME WAY. THE
BOARD REVIEWS THE COMPENSATION FOR THE FOLLOWING POSI	TIONS: MANY ROOTS COORDINATOR,
BUILDING MAINTENANCE, ASSET MANAGER, ADMINISTRATIVE A	SSISTANT, OLEN JONES
COORDINATOR, SOCIAL SERVICE DIRECTOR, AND 2 EMPLOYEES	WHO HOLD THE POSITIONS OF
PROGRAM SPECIALIST.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS I	PUBLICLY AVAILABLE
THE ORGANIZATION MAKES COPIES OF ITS GOVERNING DOCUME	NTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AND PROVIDES THEM TO	THE PUBLIC WHEN REQUESTED.
· <b></b>	
·	- <b></b>
·	
	<b></b>
· <b></b>	
·	<b>-</b>

Schedule 0 (Form 990) 2009	Page 2
Name of the organization	Employer identification number
NORTHTOWN HOUSING DEVELOPMENT CORP.	33-0555563
•	
	<del></del>

# FIRST AMENDMENT TO THE AMENDED AND RESTATEED BYLAWS OF NORTHTOWN HOUSING DEVELOPMENT CORPORATION

- 1. <u>Amendment to Article 2.</u> Article 2, Section 2.1 of the Bylaws of the Corporation (the "Bylaws") is hereby amended and restated as follows:
- Section 2.1 <u>Principal Office</u>. The principal office for the affairs of the Corporation is located at 8599 Haven Avenue, Suite 205, Rancho Cucamonga, California. The board of directors of the Corporation (the "Board") may change the principal office from one location to another. Any change shall be noted in the records of the Corporation, or this section may be amended to state the new location.
- 2. <u>Amendment to Article 4</u>. Article 4 of the Bylaws of the Corporation is hereby amended as follows:
- Section 4.3 <u>Authorized Number of Directors</u>. The authorized number of directors shall be at least five (5) and not more than eleven (11).
- Section 4.4 <u>Compensation and Reimbursement of Directors</u>. The directors shall not receive more than nominal compensation for attendance at meetings, and they may be reimbursed for their expenditures on behalf of the Corporation.

#### Section 4.6. Appointment, Term of Office and Qualification of Directors.

- a. The term of office for each director shall be the longer of three (3) years or until his or her successor is appointed. In order to stagger the terms of the directors, the Corporation shall designate staggered terms for the directors so that approximately one third (1/3) of the directors are appointed each year, with the Board determining which terms shall apply to which directors.
- d. Appointment of directors shall take place annually at a regular meeting or a special meeting of the Corporation.

Section 4.24 <u>Self-Dealing Transactions</u>. A self-dealing transaction is one (a) to which the Corporation is a party and (b) in which one or more of the directors has a material financial interest, either directly or because the transaction is between the Corporation and any entity in which one or more of the Corporation's directors has a material financial interest. The Board shall not approve a self-dealing transaction unless:

- a. The Corporation is entering into the transaction for its own benefit;
- b. The transaction is fair and reasonable as to the Corporation at the time the Corporation entered into the transaction;

- c. The Board's approval occurs prior to consummating the transaction or any part thereof, unless (i) the Board's approval was not reasonably practicable to obtain prior to consummating the transaction, (ii) a committee or person authorized by the Board approves the transaction prior to its consummation, and (iii) the Board ratifies the transaction at its next meeting after determining that (i) and (ii) have been satisfied;
- d. The Board's approval is made in good faith;
- e. The Board's approval is made by a vote of a majority of the directors then in office without counting the vote of the interested director or directors;
- f. The Board's approval is made with knowledge of (i) the material facts concerning the transaction and (ii) the interested director's or directors' interest in the transaction; and
- g. After reasonable investigation, the Board has considered and in good faith determined after reasonable investigation under the circumstances that, under the circumstances, the Corporation could not have obtained a more advantageous arrangement with reasonable effort.

Section 4.25 <u>Directors Disclosure Statement</u>. Upon initial appointment to the board of directors, and at least annually thereafter, each director of the Corporation shall submit to the Corporation a statement of all property owned by the director or the director's family in the North Town neighborhood or any other area in which the Corporation is carrying out its activities. The statement shall be in a form and submitted at such times as may be determined by the board of directors, and all such forms shall be retained by the Secretary of the Corporation as corporate records.

- 3. Amendment to Article 6. Article 6 of the Bylaws of the Corporation is hereby amended as follows:
- Section 6.3 <u>Contracts</u>. All expenditures Five Thousand Dollars (\$5,000) or more on behalf of the Corporation must be authorized by the Board (whether by approval of a budget item, contract or other board action). Expenditures of less than Five Thousand Dollars (\$5,000), may be authorized by the president without approval by the Board.
- Section 6.4 <u>Execution of Checks</u>. Except as otherwise provided by law, every check, draft, promissory note, money order, or other evidence of indebtedness of the Corporation shall be signed by two individuals as authorized by the Board.
- 4. <u>No Further Amendment</u>. Except as provided in this First Amendment, the Bylaws of are in full force and effect and remain unmodified.

#### CERTIFICATE OF SECRETARY

I, the undersigned, do hereby certify:

- (1) That I am the duly elected and acting Secretary of Northtown Housing Development Corporation, a California nonprofit public benefit corporation; and
- (2) That the foregoing First Amendment to the Amended and Restated Bylaws constitutes an Amendment to the Bylaws of such corporation as approved at a duly constituted meeting held on Sept. 30 4 Oct. 1, 2005.

Zal Halberg, Secretary

# CERTIFICATE OF AMENDED & RESTATED ARTICLES OF INCORPORATION OF

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

Northtown Housing Development Corporation

JUN - 1 2009

A California Nonprofit Public Benefit Corporation

The undersigned certify that:

- 1. They are the president and secretary, respectively, of Northtown Housing Development Corporation, a California nonprofit public benefit corporation (the "Corporation").
- 2. That the Articles of Incorporation of the Corporation are amended and restated to read in their entirety as follows:

#### I. NAME

The name of the Corporation is Northtown Housing Development Corporation.

#### **II. PURPOSE**

- (a) This Corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. It is organized under the California Nonprofit Public Benefit Corporation Law for charitable purposes. The general purpose of this Corporation is to have and exercise all rights and powers conferred on nonprofit corporations under the laws of California, provided that this Corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the primary purposes of this Corporation.
- (b) The specific charitable and public purposes for which the Corporation is organized are to assist the government of the City of Rancho Cucamonga, California, and other local governments in the state of California, their redevelopment agencies or other agencies, authorities, boards or commissions to develop, rehabilitate, own, and provide decent, safe and sanitary housing affordable to low income residents of the Northtown neighborhood of the City of Rancho Cucamonga and other residents of the state of California; to assist low income households by enabling them to secure the basic human need of decent shelter; to combat community blight and deterioration in the Northtown neighborhood of the City of Rancho Cucamonga and other areas of the state of California and contribute to their physical improvement; to provide and expand economic opportunities for low and moderate income persons; and to promote social welfare through community-based economic, commercial and housing development activities.

973-01\288035.2

#### III. AGENT OF SERVICE

Agent for Service intentionally left blank pursuant to Corporations Code §5819.

#### IV. DEDICATION AND DISPOSITION

- (a) The property of this Corporation is irrevocably dedicated to charitable purposes, and no part of the net income or assets of this Corporation shall ever inure to the benefit of any director, officer, or member of this Corporation or to the benefit of any private individual.
- (b) Upon the winding up and dissolution of this Corporation, and after paying or adequately providing for the debts and obligations of the Corporation, the remaining assets shall be distributed to a nonprofit fund, foundation, or corporation that is organized and operated exclusively for charitable purposes, and which has established and maintained its tax-exempt status under Section 501 (c) (3) of the Internal Revenue Code or the corresponding provision of any future Internal Revenue Law.

#### V. LIMITATION OF CORPORATE ACTIVITIES

- (a) This Corporation is organized and operated exclusively for charitable purposes within the meaning of Section 501(c) (3) of the Internal Revenue Code. Notwithstanding any other provision of these Articles, the Corporation shall not carry on any activities not permitted to be carried on by: (i) a corporation exempt from federal income tax under Section 501(c) (3) of the Internal Revenue Code or the corresponding provision of any future United States Internal Revenue Law; or (ii) by a corporation, contributions to which are deductible under Section 170 of the Internal Revenue Code or the corresponding provisions of any other United States Internal Revenue Law.
- (b) No substantial part of the activities of this Corporation shall consist of lobbying or propaganda, or otherwise attempting to influence legislation, except as provided in Section 501(h) of the Internal Revenue Code, and this Corporation shall not participate in or interfere in (including publishing or distributing statements) any political campaign on behalf of any candidate for public office except as provided in Section 501(h) of the Internal Revenue Code.

#### VI. DIRECTORS

The number of directors and the manner in which directors shall be chosen and removed from of office, their qualifications, powers, duties, term of office, the manner of filling vacancies on the board of directors and the manner of calling and holding meetings of directors shall be as stated in the bylaws.

- 3. The foregoing amendment and restatement of Articles of Incorporation has been duly approved by the Board of Directors of the Corporation.
- 4. The Corporation has no members.
- 5. This Certificate may be executed in counterparts.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge and that this declaration was executed on 29, May 2009, at Rancho Cucamonga, California.

By: Louis Gonzalez, President

By: Zal Halberg , Secretary



# Form **8868** (Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Segrice

► File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev 4-2009)

If you are	filing for an Automatic 3-Month Extension, complete only Part I and check this box.	► X		
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)				
Do not comp	<i>lete<sup>,</sup>Part II unless</i> you have already been granted an automatic 3-month extension on a previously fil	ed Form 8868		
Part 1 Automatic 3-Month Extension of Time. Only submit original (no copies needed).				
•	required to file Form 990-T and requesting an automatic 6-month extension — check this box and co	, –		
All other corp income tax re	orations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request sturns	an extension of time to file		
returns noted the additional Form 990-T	ing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extensibelow (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a nstead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more detentive www.irs.gov/efile.and.click.on.e-file.for.Charities & Nonprofits	electronically if (1) you want composite or consolidated		
	Name of Exempt Organization	Employer identification number		
Type or				
print		33-0555563		
File by the due date for	Number, street, and room or suite number. If a P.O. box, see instructions			
filing your return See	eturn See 10000 IIII III III III III III III III			
Instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions				
RANCHO CUCAMONGA, CA 91730				
Check type of return to be filed (file a separate application for each return)    Sorm 900				
X   Form 990				
<u> </u>				
Form 990				
Form 990	PF Form 1041-A Form 887	)		
The books	are in the care of REBECA DENNIS			
Telephone	No ► 909 980-0465 FAX No ►			
	anization does not have an office or place of business in the United States, check this box	▶ 🗍		
_	or a Group Return, enter the organization's four digit Group Exemption Number (GEN)	this is for the whole group,		
	s box If it is for part of the group, check this box and attach a list with the names at			
the exter	sion will cover			
1   reque	st an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time			
until _	8/15, 20 $10$ , to file the exempt organization return for the organization named above			
	ension is for the organization's return for			
► [X]	calendar year 20_09_ or			
▶ _	calendar year 20_09_ or tax year beginning, 20, and ending, 20			
		hange in accounting period		
3a If this a	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any undable credits. See instructions	3a\$ 0.		
<b>b</b> If this a made	application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments include any prior year overpayment allowed as a credit	<b>3b</b> \$ 0.		
deposi	e Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, twith FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) structions	3c\$ 0.		
Caution. If y payment ins	ou are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and For tructions	m 8879-EO for		

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.